

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

| | | | |
|--|---|---|----------------------|
| 1 Issuer's name EASTGROUP PROPERTIES, INC. | | 2 Issuer's employer identification number (EIN) 13-2711135 | |
| 3 Name of contact for additional information BRUCE CORKERN, SR VP AND CAO | 4 Telephone No. of contact 601-354-3555 | 5 Email address of contact | |
| 6 Number and street (or P.O. box if mail is not delivered to street address) of contact 190 EAST CAPITOL STREET, SUITE 400 | | 7 City, town, or post office, state, and Zip code of contact JACKSON, MS 39201-2152 | |
| 8 Date of action 3/31/2014, 6/30/2014, 9/30/2014, 12/31/2014 | | 9 Classification and description COMMON STOCK | |
| 10 CUSIP number 277 276 101 | 11 Serial number(s) | 12 Ticker symbol EGP | 13 Account number(s) |

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **EASTGROUP PROPERTIES, INC. DISTRIBUTED QUARTERLY CASH DISTRIBUTIONS TO ITS COMMON SHAREHOLDERS FOR THE 2014 TAX YEAR. A PORTION OF THESE DISTRIBUTIONS REPRESENT A NONTAXABLE RETURN OF CAPITAL. THESE DISTRIBUTIONS WERE PAID ON 3/31/2014, 6/30/2014, 9/30/2014, AND 12/31/2014.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **THE BASIS OF THE SECURITY SHOULD BE REDUCED BY 4.04234% OF THE TOTAL DISTRIBUTION RECEIVED.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **THE RETURN OF BASIS REPRESENTS DISTRIBUTIONS ASSOCIATED WITH THE 2014 TAX YEAR WHICH ARE IN EXCESS OF THE CURRENT YEAR AND ACCUMULATED EARNINGS AND PROFITS.**

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ I.R.C. SECTION 301(C)(2).

Blank lines for listing applicable Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ N/A

Blank lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

Blank lines for providing other necessary information.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature ▶  Date ▶ 1/26/15

Print your name ▶ BRUCE CORKERN Title ▶ CHIEF ACCOUNTING OFFICER

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | | | Firm's EIN ▶ | |
| | Firm's address ▶ | | | Phone no. | |